

10/587935

01/17/06 02 AUG 2006

FORM PTO 1449 (modified)

ATTY DOCKET NO.
2006_1266ASERIAL NO.
NEWU.S. DEPARTMENT OF COMMERCE
PATENT AND TRADEMARK OFFICE

APPLICANT

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LIST OF REFERENCES CITED BY APPLICANT(S)
(Use several sheets if necessary)

Date Submitted to PTO: August 2, 2006

FILING DATE
August 2, 2006

10587935 - GROUP GAU: 2834

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EXAMINER INITIAL		DOCUMENT NUMBER	DATE	NAME	CLASS	SUBCLASS	FILING DATE IF APPROPRIATE
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AO	
AP	
AQ	

EXAMINER /Naishadh Desai/

DATE CONSIDERED

09/24/2008